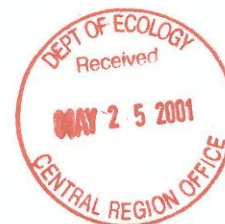


May 22, 2001



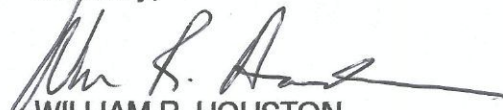
Robert F. Barwin, Section Manager
Water Resources Program
Department of Ecology
15 West Yakima Avenue, Suite 200
Yakima, WA 98902-3452

Re: Emergency Drought Change Authorization (CS4-SWC1464 & CS4-SWC1454@2)

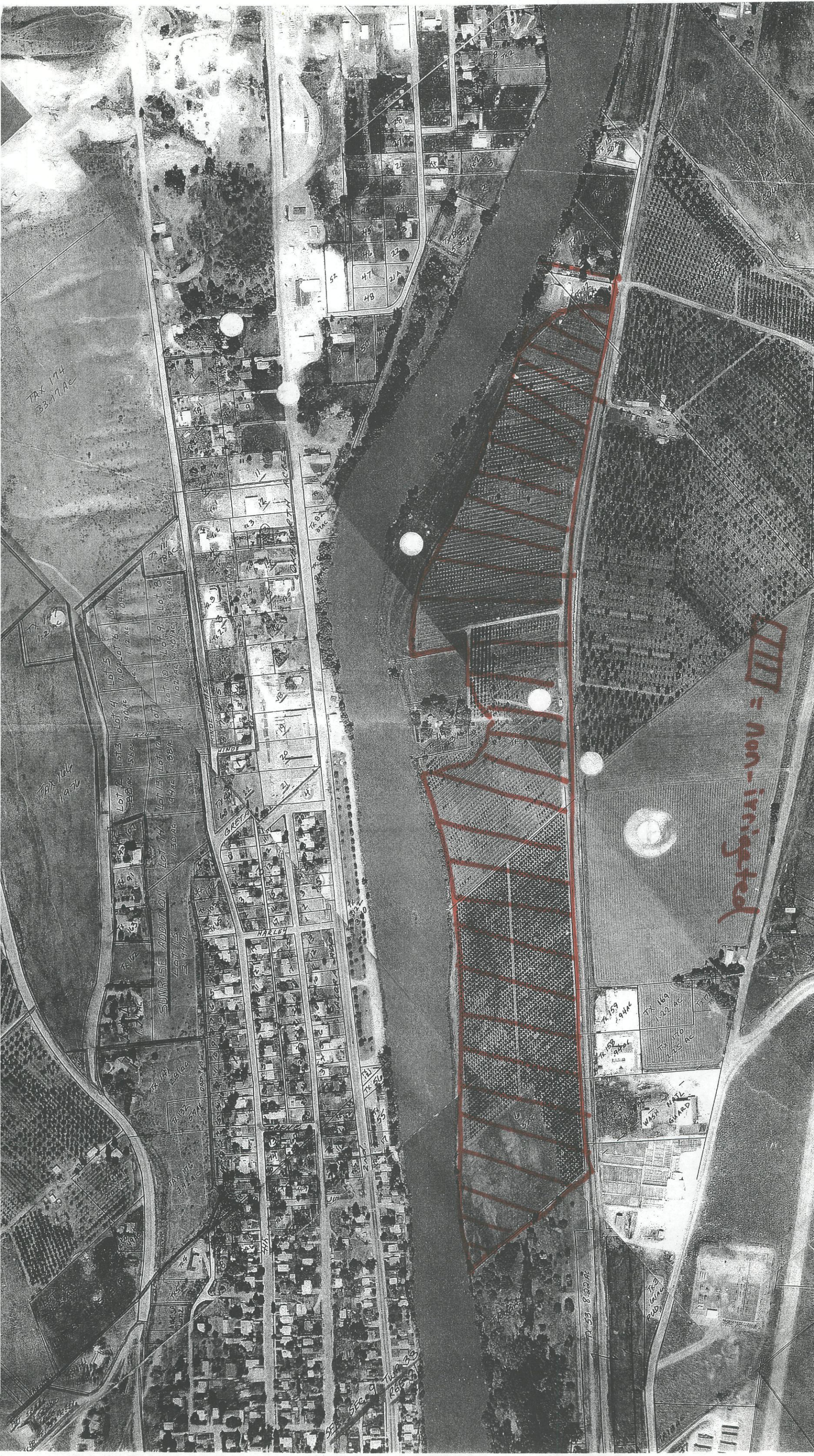
Dear Mr. Barwin:

Please find enclosed a map of our property showing the land that will not be irrigated pursuant to the above-referenced Emergency Drought Change Authorization.

Sincerely,


WILLIAM R. HOUSTON
2135 Elmway
Okanogan, WA 98840

cc: Richard B. Price



VIII = Non-irrigated

SUNRISE ADDITION

HARLEY

TAX 174
33.17 AC

TAX 166
1972

TAX 53 8.22 AC

TAX 54 2.05 AC

TAX 159 2.94 AC

TAX 169 1.22 AC

TAX 170 2.25 AC

WASH. STATE GUARD

TAX 55 9.11 AC
TAX 56 2.65 AC
TAX 57 2.1 AC
TAX 58 2.1 AC
TAX 59 2.1 AC
TAX 60 2.1 AC
TAX 61 2.1 AC
TAX 62 2.1 AC
TAX 63 2.1 AC
TAX 64 2.1 AC
TAX 65 2.1 AC
TAX 66 2.1 AC
TAX 67 2.1 AC
TAX 68 2.1 AC
TAX 69 2.1 AC
TAX 70 2.1 AC
TAX 71 2.1 AC
TAX 72 2.1 AC
TAX 73 2.1 AC
TAX 74 2.1 AC
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TAX 91 2.1 AC
TAX 92 2.1 AC
TAX 93 2.1 AC
TAX 94 2.1 AC
TAX 95 2.1 AC
TAX 96 2.1 AC
TAX 97 2.1 AC
TAX 98 2.1 AC
TAX 99 2.1 AC
TAX 100 2.1 AC

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *ER Chait* *WR-88* *PK*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered. *CS4-SWC1464 + CS4-SWC146402*

3. Article Addressed to:

RANDY HOUSTON
2135 ELMWAY
OKANOGAN WA 98840

4a. Article Number
2105-6184

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5/16/01

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
R. Houston

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 0520 0023 2105 6184
7000 0520 0023 2105 6184

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Randy Houston
Street, Apt. No.; or PO Box No.
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

